



COMCARE

COMPREHENSIVE COMMUNITY CARE OF SEDGWICK COUNTY
OF SEDGWICK COUNTY

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Testimony to the Kansas Health Policy Authority

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Presented by:

Marilyn Cook, Executive Director

635 NORTH MAIN WICHITA, KANSAS 67203 TEL: (316) 660-7600
FAX: (316) 383-7925
24-HOUR CRISIS SERVICE: (316) 660-7500

Madam Chair, members of the Kansas Health Policy Authority and Dr. Nielson, my name is Marilyn Cook and I am the Executive Director of COMCARE of Sedgwick County, the local mental health authority for Sedgwick County. I am here to talk with you on behalf of the system of care that we have developed in Sedgwick County. I appreciate the opportunity to speak to you in a local setting about local health and mental health issues and to familiarize you with the system of care that we have here in Sedgwick County.

I'll describe our local community mental health system, tell you of our challenges and talk about the need for evidence-based practices.

Mental Health Care in Sedgwick County

We are proud of the system of care that we have developed in our community. COMCARE has nearly 500 employees and we provide outpatient mental health and substance abuse services at 7 locations throughout Wichita. We are part of three state affiliations, The Association of Community Mental Health Centers of Kansas, The Mental Health Consortium and the Kansas Association of Counties. We provide services to approximately 13,000 individuals locally. We do this with the help of our affiliates, Family Consultation Services, the Mental Health Association of South Central Kansas, The Breakthrough Club and Catholic Charities. When an individual needs inpatient care in Sedgwick County, they are most likely to be hospitalized at Via Christi's Good Shepherd facility. In some cases we utilize the inpatient unit at Prairie View in Newton. When our consumers need a more restrictive level of care, they are admitted to Osawatomie State Hospital. In addition to our affiliates, COMCARE has contracts with over 120 individuals, groups and entities to help us accomplish our common goal of addressing the mental health need of persons approaching us for help. We have good working relationships with child welfare contractors in our area and we provide a growing number of services to children in schools where we can observe them and treat them first hand. Our local schools have been very complimentary of our efforts there and consider us part of the fabric of their organizations. Last year we started a therapeutic program at Rainbows United for preschoolers who had behavioral problems. A number of the 16 children involved in that program had been kicked out of other preschool and child care settings.

We assess and treat individuals with mental health problems, substance abuse issues and those who have both, or co-occurring problems.

There are a little over 700 homeless individuals in Wichita and about one third of these have serious mental illnesses. COMCARE has a program for homeless individuals that involves outreach to them.

Many people approach us who are in crisis. Our crisis line took over 48,000 calls last year. About 5% of the calls involve individuals who were suicidal. Sedgwick County also is proud of the community-wide Suicide Prevention Task Force that tracks suicide trends in our community and works to provide education on suicide prevention to the general public.

Facing Challenges

Our community mental health center is not unlike others throughout the state in that we are seeing individuals with increasingly serious mental illnesses. We have embraced the recovery model for these individuals. The recovery model is one that seeks to help individuals function to the best of their ability while living in our community rather than residing on a long-term basis in institutions. We continue to struggle however with individuals who deny their illnesses and who are non-compliant with our treatment recommendations.

All of us recognize that we cannot separate the mind and body. An illness in one affects the other. We are looking at new ways to integrate our care with the care provided by primary care physicians. This has been a challenge but one worth pursuing.

We continue to be challenged with educating the public about the effectiveness of treatment and we attempt to dispel some of the stigma that is still associated with receiving care for mental problems and problems of everyday living.

We are also facing challenges in preparing for possible future natural disasters and bioterrorism threats. A solid, pre-planned mental health response and good risk communication are essential when these events occur.

In addition to these challenges we know that 16% of inmates in our local and state jails have severe and persistent mental illnesses, and that we can expect to receive 98% of individuals in a state prison back into our communities. We are proud to claim that we are in the process of implementing a new offender assessment program in Sedgwick County. Our county has made tremendous strides in looking at re-entry issues for those being released from jails and prisons.

Of course sufficient funding continues to be a challenge. We are supportive of the State Medicaid Plan re-write. We want to be responsible stewards of the public money we receive and we are responsible to provide assurance that public mental health funds are spent wisely on those meeting medical necessity criteria. We realize that financial strategies do need to involve good working relationships and collaborations. A looming concern is the challenge that we will face with individuals currently receiving services being paid for by the Medikan program. Newly proposed changes in presumptive disability eligibility will affect us in that we anticipate only about 25% of individuals now eligible for Medikan will continue to meet eligibility criteria. That would result in an approximate \$800,000 reduction in treatment compensation in our community. We understand that the Legislature is aware of this and is looking at options for these individuals.

Evidence-Based Practices

We know that you are well aware of the time it has taken in the past for science to reach service. We can no longer wait 17 – 20 years for research to validate treatment approaches that work. We continue to pursue best practices, promising approaches to treatment and when available, evidence-based practices. One such program is the Dartmouth College Supported Employment practice.

We have been utilizing this model for four years at COMCARE. In the past we focused on lengthy assessment processes and spent time preparing mentally ill individuals for work with such activities as how to complete applications and write resumes. In other words, we spent a lot of time preparing people to work, many in entry level jobs, and not enough time helping them to find jobs. The Dartmouth model calls for a quick, thorough assessment and rapid job placement in jobs that are appealing to consumers. There are 15 components to this practice called fidelity measures.

In Kansas, three Dartmouth sites were established in 2002 and we were one of them. Currently there are 9 sites throughout the state, all CMHCs or their affiliates. The total number of clients served in COMCARE's Supported Employment (SE) program in 2002 when we began was 60. This number grew to 197 consumers in June of this year. Sixty-one percent of the individuals in the program are working. Of the 97 individuals working last month, 55 were employed in jobs of less than 30 hours per week and 42 held jobs at over 30 hours per week. Part of the expectation for SE staff is job development and looking for jobs close to the homes of consumers as transportation is such a hardship for them.

I would like to tell you the story of one consumer involved in this evidence-based program. He is a man with a diagnosis of schizophrenia with ongoing symptoms of paranoia. He was tall and thin and looked like he stepped right out of the 60's when our staff met him. He often mumbled to himself and had poor eye contact but he had been employed in the past as a long haul truck driver. The Supported Employment Specialist worked with the employer at a local car dealership that needed someone with a current driver's license and no previous DUIs to work in their service department. The Supported Employment Specialist helped the consumer practice driving in the parking lot for several days and reviewed the driving handbook with him. The consumer prepared for the interview by getting a hair cut and getting a clean shave. We used flex funds to buy him work pants, a dress shirt, belt and shoes and practiced possible questions he might be asked during the interview.

Soon after starting the position he experienced problems with hearing internal voices he perceived to be "screaming at him". He didn't want to lose his job. The Supported Employment Specialist asked the employer if he would put a radio in his department to help eliminate or minimize the voices when they became too loud. The employer was very willing to make that accommodation. The consumer has been employed at this car dealership for 3 years now and has taken several vacations. He is clean-shaven and well dressed. He is never late for work and in three years has rarely missed a day and is well-liked by his co-workers.

We have many such success stories of clients and consumers whose lives have changed with the proper medications and necessary community supports. We have provided you written testimony from our Association on a variety of issues that we are facing and ask for your understanding and

support as the Kansas Health Policy Authority unfolds in the next several years. We are most anxious and willing to participate in dialogue with you regarding the needs of the people we serve here and throughout the state.

I appreciate the opportunity to appear before you today. Thank you.